

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

ADDRESS (number and street)

950 F Street, NW

Suite 300

Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00021972

3. IS THIS  
REPORTNEW  
(N)**OR**AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Anne Holmes

Signature of Treasurer

Electronically Filed by Anne Holmes

Date

04

15

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 22

Write or Type Committee Name

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 3D D  
3 1Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</span>		34109.63
(b) Cash on Hand at Beginning of Reporting Period .....	34109.63	
(c) Total Receipts (from Line 19) .....	23393.44	23393.44
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	57503.07	57503.07
7. Total Disbursements (from Line 31) .....	26549.56	26549.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	30953.51	30953.51
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	16890.77	16890.77
(ii) Unitemized .....	1502.67	1502.67
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	18393.44	18393.44
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	23393.44	23393.44
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	23393.44	23393.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23393.44	23393.44

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26500.00	26500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	49.56	49.56	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	26549.56	26549.56	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26549.56	26549.56	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 22

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	23393.44	23393.44
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23393.44	23393.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 22

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Abbott Laboratories Employee PAC

Mailing Address 100 Abbott Park Road

City

Abbott Park

State

IL

Zip Code

60064-6028

FEC ID number of contributing  
federal political committee.**C**

C00040279

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	6		2	0	1	0

Transaction ID: 33720291

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel Durham

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1100334619136

Amount of Each Receipt this Period

624.00

P/R Deduction (\$104.00 Se-  
mi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Hallie Maranchick

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Sr. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.98

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1275760019136

Amount of Each Receipt this Period

649.98

P/R Deduction (\$108.33 Se-  
mi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Alan Goldhammer

Mailing Address 950 F Street, NW  
Suite 300

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Associate VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1338083319136

Amount of Each Receipt this Period

390.00

P/R Deduction (\$65.00 Sem-  
i-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

1663.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Tara Ryan

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1338084319136

Amount of Each Receipt this Period

259.98

P/R Deduction (\$43.33 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Christopher Singer

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Exec VP & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1338084519136

Amount of Each Receipt this Period

1248.00

P/R Deduction (\$208.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Kevin Walker

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1090.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1338084619136

Amount of Each Receipt this Period

1090.00

P/R Deduction (\$208.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

2597.98

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Page

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1338085619136

Amount of Each Receipt this Period

325.02

P/R Deduction (\$54.17 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Clement Cypra

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1342353719136

Amount of Each Receipt this Period

298.98

P/R Deduction (\$49.83 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Matthew Sulkala

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Sr. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1387142419136

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

1224.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Valerie Jewett

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.48

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1416900919136

Amount of Each Receipt this Period

423.48

P/R Deduction (\$70.58 Sem-  
i-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Michael Woody

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Director, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1485193019136

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Sem-  
i-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Jeff Woodhouse

Mailing Address 950 F Street, NW

City State Zip Code  
Washington DC 20004-1438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1521550919136

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Sem-  
i-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

1023.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Swenson

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

Sr. Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1666764819136

Amount of Each Receipt this Period

624.00

P/R Deduction (\$104.00 Se-  
mi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Dave Boyer

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

Sr. Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1668002919136

Amount of Each Receipt this Period

624.00

P/R Deduction (\$104.00 Se-  
mi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Lea Fisher

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

Director, Federal Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1698847619136

Amount of Each Receipt this Period

450.00

P/R Deduction (\$75.00 Sem-  
i-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

1698.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey A. Bond

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

SVP, State Govt Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1759644919136

Amount of Each Receipt this Period

300.00

P/R Deduction (\$75.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Anne Holmes

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

Sr. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.08

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR180533619136

Amount of Each Receipt this Period

277.08

P/R Deduction (\$50.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Merrill Jacobs

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR180533819136

Amount of Each Receipt this Period

649.98

P/R Deduction (\$108.33 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

1227.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Hugh Metheny

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR180534619136

Amount of Each Receipt this Period

750.00

P/R Deduction (\$125.00 Se-  
mi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Moore

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.50

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR180534819136

Amount of Each Receipt this Period

1249.50

P/R Deduction (\$208.25 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Richard Smith

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR180535919136

Amount of Each Receipt this Period

624.00

P/R Deduction (\$104.00 Se-  
mi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

2623.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Edward Belkin

Mailing Address 950 F Street, N.W.

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR267310219136

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Bryant Hall

Mailing Address 950 F Street, N.W.

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR377480519136

Amount of Each Receipt this Period

1249.50

P/R Deduction (\$208.25 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Robert Filippone

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.52

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR533051119136

Amount of Each Receipt this Period

512.52

P/R Deduction (\$85.42 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

2012.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Steven Tilton

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1233.25

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR533051519136

Amount of Each Receipt this Period

1233.25

P/R Deduction (\$208.25 Se-  
mi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Heather Keiser Strawn

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

Sr. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR737804919136

Amount of Each Receipt this Period

450.00

P/R Deduction (\$75.00 Sem-  
i-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Brian Nagle

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR743030019136

Amount of Each Receipt this Period

649.98

P/R Deduction (\$108.33 Se-  
mi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

2333.23

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Lori Reilly

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMAOccupation  
Director

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	0

Transaction ID: PR917374919136

Amount of Each Receipt this Period

487.50

P/R Deduction (\$81.25 Sem-  
i-Monthly)

SUBTOTAL of Receipts This Page (optional) .....

487.50

TOTAL This Period (last page this line number only) .....

16890.77



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

First State PAC

Mailing Address 426 C Street, NE

City  
WashingtonState  
DCZip Code  
20002

Purpose of Disbursement

Federal Contribution

Candidate Name

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 33952595

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	0

Amount of Each Disbursement this Period

2500.00

Federal Contribution

**B.**

Full Name (Last, First, Middle Initial)

Menendez for Senate

Mailing Address 315 C Street, SE  
Lower LevelCity  
WashingtonState  
DCZip Code  
20003

Purpose of Disbursement

Candidate Name

Robert Menendez

011

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ

District:

Transaction ID: 33952732

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	0

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Friends For Harry Reid

Mailing Address P.O. Box 19163

City  
Las VegasState  
NVZip Code  
89132

Purpose of Disbursement

Candidate Name

Sen. Harry Reid

011

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV

District:

Transaction ID: 33953208

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

9500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Nelson 2012

Mailing Address 420 C Street, NE

City  
WashingtonState  
DCZip Code  
20002

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Sen. Ben NelsonOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE District:

Transaction ID: 33953658

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	0

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Schumer

Mailing Address 509 Madison Ave Suite 1902

City  
New YorkState  
NYZip Code  
10022

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Sen. Charles E. SchumerOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District:

Transaction ID: 33953821

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Burr Committee

Mailing Address P.O. Box 5928

City  
Winston-SalemState  
NCZip Code  
27113

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Richard BurrOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: 33954067

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	0

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Orrin PAC Mailing Address P.O. Box 1480	<b>Transaction ID:</b> 33954389 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	1	0	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	5		2	0	1	0													
City Washington State DC Zip Code 20013 Purpose of Disbursement Federal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1000.00</td> </tr> </table> Federal Contribution	1000.00																				
1000.00																						
<b>B.</b> Full Name (Last, First, Middle Initial) Bennett Election Committee Inc Mailing Address 175 South West Temple Suite 650 City Salt Lake City State UT Zip Code 84101 Purpose of Disbursement Candidate Name Sen. Robert F. Bennett Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 33954435 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1000.00</td> </tr> </table> Federal Contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	5		2	0	1	0													
1000.00																						
<b>C.</b> Full Name (Last, First, Middle Initial) Bluegrass Committee Mailing Address 400 North Capitol Street, NW Suite 585 City Washington State DC Zip Code 20001 Purpose of Disbursement Federal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 33954539 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>2500.00</td> </tr> </table> Federal Contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	5		2	0	1	0													
2500.00																						

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.** Full Name (Last, First, Middle Initial)  
Committee To Elect Alan Grayson

Mailing Address PO Box 536447

City Orlando State FL Zip Code 32853

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Alan Grayson

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: 33954587

Date of Disbursement

03 / 15 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Scott Murphy For Congress

Mailing Address 50 E Street, SE  
Suite 1

City Washington State DC Zip Code 20003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Scott Murphy

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: 33954664

Date of Disbursement

03 / 15 / 2010

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Jim Himes For Congress

Mailing Address 50 E Street, SE  
Suite 1

City Washington State DC Zip Code 20003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Jim Himes

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: 33954880

Date of Disbursement

03 / 15 / 2010

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 22

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens For Rush Mailing Address P. O. Box 7292	<b>Transaction ID:</b> 33955047 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 1 0</div> </div>
City Chicago State IL Zip Code 60680 Purpose of Disbursement Candidate Name Rep. Bobby Lee Rush Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 01	<b>Amount of Each Disbursement this Period</b> <div>500.00</div> <div>011</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Patrick Murphy For Congress Mailing Address P.O. Box 868 City Levittown State PA Zip Code 19058 Purpose of Disbursement Candidate Name Rep. Patrick J. Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 08	<b>Transaction ID:</b> 33955052 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div> <div>011</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Eric PAC Mailing Address 209 Pennsylvania Ave., SE City Washington State DC Zip Code 20003 Purpose of Disbursement Federal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 33955053 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2500.00</div> <div>011</div> Category/ Type  Federal Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

**3500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 22

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Pete Sessions For Congress

Mailing Address PO Box 823047

City  
Dallas

State  
TX

Zip Code  
75382

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Pete Sessions

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX

District: 32

**Transaction ID:** 33955054

Date of Disbursement

03 / 15 / 2010

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Montanans For Tester

Mailing Address 200 East Jefferson Street

City  
Falls Church

State  
VA

Zip Code  
22046

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Jon Tester

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT

District:

**Transaction ID:** 34026596

Date of Disbursement

03 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Bono Mack Committee

Mailing Address PO Box 3370

City  
Palm Springs

State  
CA

Zip Code  
92263

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Mary Bono Mack

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 45

**Transaction ID:** 34026597

Date of Disbursement

03 / 24 / 2010

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

26500.00